

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF SOUTH CAROLINA

Case number (if known)

Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Joseph

First name

A.

Middle name

Lawrence

Last name and Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

Mary Rae

First name

Middle name

Lawrence

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

**Joseph Allen Lawrence
Joseph Lawrence
Joey Lawrence**

**Mary Rae Dominago Lawrence
Mary R. Lawrence
Mary Lawrence
FKA Mary Domingues
Mary R. D. Lawrence**

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-7815

xxx-xx-2050

Debtor 1 **Joseph A. Lawrence**
Debtor 2 **Mary Rae Lawrence**

Case number (if known)

About Debtor 1:

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

Include trade names and *doing business as* names

I have not used any business name or EINs.

DBA Lawrence Painting

Business name(s)

EINs

About Debtor 2 (Spouse Only in a Joint Case):

I have not used any business name or EINs.

Business name(s)

EINs

5. Where you live

**240 Lawrence Road
Moncks Corner, SC 29461**

Number, Street, City, State & ZIP Code

Berkeley

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Debtor 1 **Joseph A. Lawrence**
 Debtor 2 **Mary Rae Lawrence**

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under	<i>Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.</i> <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13
<hr/> 8. How you will pay the fee	
<input checked="" type="checkbox"/> I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.	
<input type="checkbox"/> I need to pay the fee in installments. If you choose this option, sign and attach the <i>Application for Individuals to Pay The Filing Fee in Installments</i> (Official Form 103A).	
<input type="checkbox"/> I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the <i>Application to Have the Chapter 7 Filing Fee Waived</i> (Official Form 103B) and file it with your petition.	
<hr/> 9. Have you filed for bankruptcy within the last 8 years?	
<input checked="" type="checkbox"/> No.	
<input type="checkbox"/> Yes.	
District _____ When _____ Case number _____	
District _____ When _____ Case number _____	
District _____ When _____ Case number _____	
<hr/> 10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	
<input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes.	
Debtor _____ Relationship to you _____	
District _____ When _____ Case number, if known _____	
Debtor _____ Relationship to you _____	
District _____ When _____ Case number, if known _____	
<hr/> 11. Do you rent your residence?	
<input checked="" type="checkbox"/> No. Go to line 12.	
<input type="checkbox"/> Yes. Has your landlord obtained an eviction judgment against you?	
<input type="checkbox"/> No. Go to line 12.	
<input type="checkbox"/> Yes. Fill out <i>Initial Statement About an Eviction Judgment Against You</i> (Form 101A) and file it as part of this bankruptcy petition.	

Debtor 1 **Joseph A. Lawrence**
 Debtor 2 **Mary Rae Lawrence**

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor

- 12. Are you a sole proprietor of any full- or part-time business?** No. Go to Part 4.

Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Joseph Lawrence d/b/a Lawrence Painting

Name of business, if any

**240 Lawrence Road
Moncks Corner, SC 29461**

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

- 13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

No. I am not filing under Chapter 11.

No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

- 14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No.

Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 Joseph A. Lawrence
Debtor 2 Mary Rae Lawrence

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:*You must check one:*

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

 Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):*You must check one:*

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

 Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Joseph A. Lawrence**
 Debtor 2 **Mary Rae Lawrence**

Case number (if known)

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?	16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <p><input type="checkbox"/> No. Go to line 16b.</p> <p><input checked="" type="checkbox"/> Yes. Go to line 17.</p>		
	16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. <p><input type="checkbox"/> No. Go to line 16c.</p> <p><input type="checkbox"/> Yes. Go to line 17.</p>		
	16c. State the type of debts you owe that are not consumer debts or business debts <hr/>		
<hr/>			
17. Are you filing under Chapter 7?	<p><input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.</p> <p><input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>		
<hr/>			
18. How many Creditors do you estimate that you owe?	<p><input type="checkbox"/> 1-49</p> <p><input checked="" type="checkbox"/> 50-99</p> <p><input type="checkbox"/> 100-199</p> <p><input type="checkbox"/> 200-999</p>	<p><input type="checkbox"/> 1,000-5,000</p> <p><input type="checkbox"/> 5,001-10,000</p> <p><input type="checkbox"/> 10,001-25,000</p>	<p><input type="checkbox"/> 25,001-50,000</p> <p><input type="checkbox"/> 50,001-100,000</p> <p><input type="checkbox"/> More than 100,000</p>
<hr/>			
19. How much do you estimate your assets to be worth?	<p><input checked="" type="checkbox"/> \$0 - \$50,000</p> <p><input type="checkbox"/> \$50,001 - \$100,000</p> <p><input type="checkbox"/> \$100,001 - \$500,000</p> <p><input type="checkbox"/> \$500,001 - \$1 million</p>	<p><input type="checkbox"/> \$1,000,001 - \$10 million</p> <p><input type="checkbox"/> \$10,000,001 - \$50 million</p> <p><input type="checkbox"/> \$50,000,001 - \$100 million</p> <p><input type="checkbox"/> \$100,000,001 - \$500 million</p>	<p><input type="checkbox"/> \$500,000,001 - \$1 billion</p> <p><input type="checkbox"/> \$1,000,000,001 - \$10 billion</p> <p><input type="checkbox"/> \$10,000,000,001 - \$50 billion</p> <p><input type="checkbox"/> More than \$50 billion</p>
<hr/>			
20. How much do you estimate your liabilities to be?	<p><input type="checkbox"/> \$0 - \$50,000</p> <p><input type="checkbox"/> \$50,001 - \$100,000</p> <p><input checked="" type="checkbox"/> \$100,001 - \$500,000</p> <p><input type="checkbox"/> \$500,001 - \$1 million</p>	<p><input type="checkbox"/> \$1,000,001 - \$10 million</p> <p><input type="checkbox"/> \$10,000,001 - \$50 million</p> <p><input type="checkbox"/> \$50,000,001 - \$100 million</p> <p><input type="checkbox"/> \$100,000,001 - \$500 million</p>	<p><input type="checkbox"/> \$500,000,001 - \$1 billion</p> <p><input type="checkbox"/> \$1,000,000,001 - \$10 billion</p> <p><input type="checkbox"/> \$10,000,000,001 - \$50 billion</p> <p><input type="checkbox"/> More than \$50 billion</p>

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Joseph A. Lawrence

Joseph A. Lawrence

Signature of Debtor 1

/s/ Mary Rae Lawrence

Mary Rae Lawrence

Signature of Debtor 2

Executed on September 17, 2019
 MM / DD / YYYY

Executed on September 17, 2019
 MM / DD / YYYY

Debtor 1 **Joseph A. Lawrence**
Debtor 2 **Mary Rae Lawrence**

Case number *(if known)*

For your attorney, if you are represented by one

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Russell A. DeMott

Signature of Attorney for Debtor

Date

September 17, 2019

MM / DD / YYYY

Russell A. DeMott

Printed name

DeMott Law Firm, P.A.

Firm name

103 Grandview Drive

Suite B

Summerville, SC 29483

Number, Street, City, State & ZIP Code

Contact phone **(843) 695-0830**

Email address

russ@demottlawfirm.com

DC I.D. 10020 SC

Bar number & State

Fill in this information to identify your case:

Debtor 1	Joseph A. Lawrence		
	First Name	Middle Name	Last Name
Debtor 2	Mary Rae Lawrence		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)			

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	\$ 20,000.00
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 20,000.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 22,194.14
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 42,194.14

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$ 49,485.72
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 49,485.72
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$ 2,447.36
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ 2,447.36
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$ 93,112.82
		Your total liabilities \$ 145,045.90

Part 3: Summarize Your Income and Expenses

4.	Schedule I: Your Income (Official Form 106I)	\$ 2,704.09
	Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ 2,704.09
5.	Schedule J: Your Expenses (Official Form 106J)	\$ 3,482.88
	Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ 3,482.88

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **Joseph A. Lawrence**
Debtor 2 **Mary Rae Lawrence**

Case number (if known) _____

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 2,923.58

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>2,447.36</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
9g. Total. Add lines 9a through 9f.	\$ <u>2,447.36</u>

Fill in this information to identify your case and this filing:

Debtor 1	Joseph A. Lawrence	
	First Name	Middle Name
Debtor 2	Mary Rae Lawrence	
(Spouse, if filing)	First Name	Middle Name
United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA		
Case number _____		

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- No. Go to Part 2.
 Yes. Where is the property?

1.1

Street address, if available, or other description

00000-0000

City _____ State _____ ZIP Code _____

Berkeley

County _____

What is the property? Check all that apply

- Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$20,000.00

Current value of the portion you own?

\$20,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entirety, or a life estate), if known.

Owner

Check if this is community property
 (see instructions)

Other information you wish to add about this item, such as local property identification number:

2004 50 x 26 Clayton Freedom II doublewide mobile home situated at 240 Lawrence Road, Moncks Corner, SC 29461. Debtor 1's father owns the land where the mobile home is situated. Debtors pay the annual real estate taxes for the land in lieu of paying lot rent to Debtor 1's father.

Debtor 1 **Joseph A. Lawrence**
Debtor 2 **Mary Rae Lawrence**

Case number (if known) _____

If you own or have more than one, list here:

1.2

**Horizons at 77th Timeshare
215 77th Avenue North**

Street address, if available, or other description

What is the property? Check all that apply

- Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.**Myrtle Beach SC 29572-0000**

City State ZIP Code

Horry

County

Current value of the entire property?	Current value of the portion you own?
Unknown	Unknown

Who has an interest in the property? Check one

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this is community property
(see instructions)

Other information you wish to add about this item, such as local property identification number:

Bluegreen Vacation timeshare, Vacation Units 101-H/8E, 301-H/52E, and 301-I/46E2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=> \$20,000.00**Part 2: Describe Your Vehicles**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No
 Yes

3.1 Make: **Chevrolet**Model: **Captiva**Year: **2015**Approximate mileage: **94,000**Other information:
Who has an interest in the property? Check one

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
--	--

 Check if this is community property
(see instructions)

\$13,000.00

\$13,000.00

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- No
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=> \$13,000.00**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
--

Do not deduct secured

Debtor 1 **Joseph A. Lawrence**
Debtor 2 **Mary Rae Lawrence**

Case number (if known) _____

claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

No

Yes. Describe.....

Household goods, furnishings, supplies and other misc. items.

\$3,620.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No

Yes. Describe.....

Miscellaneous electronics

\$425.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No

Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No

Yes. Describe.....

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No

Yes. Describe.....

Ruger LCP .380 pistol (\$125), Ruger American .30-06 hunting rifle (\$275), 1960 Marlin 60 .22 LR semi-automatic rifle (\$150), and a Remington 12 gauge semi-automatic shotgun (\$100)

\$650.00

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe.....

Clothing.

\$300.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe.....

His wedding band \$100

\$100.00

Her wedding band \$200, diamond engagement ring \$300, open heart necklace \$75, mother's ring \$450, and miscellaneous costume jewelry \$50

\$1,075.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

No

Debtor 1 Joseph A. Lawrence
Debtor 2 Mary Rae Lawrence

Case number (if known) _____

 Yes. Describe.....

2 dogs, family pets, no value	\$0.00
-------------------------------	--------

14. Any other personal and household items you did not already list, including any health aids you did not list

- No
 Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$6,170.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

- No
 Yes.....

Cash. None (Debtor 1)	\$0.00
--------------------------	--------

Cash. None (Debtor 2)	\$0.00
--------------------------	--------

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

- No
 Yes.....

Institution name:

17.1. Checking	SC Federal Credit Union (7571) Checking	\$51.43
17.2. Savings	SC Federal Credit Union (7500) Savings	\$5.00
17.3. Checking	SC Federal Credit Union (1271) business checking - Lawrence Painting	\$288.85
17.4. Savings	SC Federal Credit Union (1200) business savings - Lawrence Painting	\$5.51
17.5. Savings	Heritage Trust Federal Credit Union (0001) Savings	\$33.35

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

- No
 Yes.....

Institution or issuer name:

Debtor 1 **Joseph A. Lawrence**
Debtor 2 **Mary Rae Lawrence**

Case number (if known) _____

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

No

Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No

Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No

Yes. List each account separately.

Type of account:

Institution name:

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

No

Yes..... Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

No

Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

Debtor 1 **Joseph A. Lawrence**
 Debtor 2 **Mary Rae Lawrence**

Case number (if known) _____

28. Tax refunds owed to you

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Current year's anticipated tax refunds, if any. Unknown value. Debtor(s) reserve the right to amend the schedules in the event the tax refund differs from the exemption claimed.

Debtors' 2018 federal tax refund was set off against by the IRS, and debtors received a partial state tax refund after EMS set off against it.

Federal and State

\$0.00

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No

Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No

Yes. Describe each claim.....

35. Any financial assets you did not already list

No

Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$384.14

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

Debtor 1 **Joseph A. Lawrence**
Debtor 2 **Mary Rae Lawrence**

Case number (if known) _____

Yes. Go to line 38.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

- No
 Yes. Describe.....

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

- No
 Yes. Describe.....

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

- No
 Yes. Describe.....

Pressure washer (\$200), Graco spray gun (\$600), different Graco spray gun (\$1,000), 40' extension ladder (\$200), 32' extension ladder (\$175), 24' extension ladder (\$125), two 6' stepladders (\$80 total), 8' stepladder (\$80), 10' stepladder (\$90), and 16' extension ladder (\$90)

\$2,640.00

41. Inventory

- No
 Yes. Describe.....

42. Interests in partnerships or joint ventures

- No
 Yes. Give specific information about them.....
Name of entity: _____ % of ownership: _____

43. Customer lists, mailing lists, or other compilations

- No.
 Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

- No
 Yes. Describe.....

44. Any business-related property you did not already list

- No
 Yes. Give specific information.....

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....

\$2,640.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- No. Go to Part 7.

Debtor 1 **Joseph A. Lawrence**
Debtor 2 **Mary Rae Lawrence**

Case number (if known) _____

 Yes. Go to line 47.**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

 No Yes. Give specific information.....**54. Add the dollar value of all of your entries from Part 7. Write that number here**

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2	\$20,000.00
56. Part 2: Total vehicles, line 5	\$13,000.00
57. Part 3: Total personal and household items, line 15	\$6,170.00
58. Part 4: Total financial assets, line 36	\$384.14
59. Part 5: Total business-related property, line 45	\$2,640.00
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00
61. Part 7: Total other property not listed, line 54	\$0.00
+	
62. Total personal property. Add lines 56 through 61...	\$22,194.14
	Copy personal property total
63. Total of all property on Schedule A/B. Add line 55 + line 62	\$42,194.14

Fill in this information to identify your case:

Debtor 1	Joseph A. Lawrence		
	First Name	Middle Name	Last Name
Debtor 2	Mary Rae Lawrence		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		DISTRICT OF SOUTH CAROLINA	
Case number (if known) _____			

Check if this is an amended filing

Official Form 106C**Schedule C: The Property You Claim as Exempt**

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	
2015 Chevrolet Captiva 94,000 miles Line from <i>Schedule A/B</i> : 3.1	\$13,000.00	<input checked="" type="checkbox"/> \$2,494.71 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(2) Debtor 1's (A)(2)
Household goods, furnishings, supplies and other misc. items. Line from <i>Schedule A/B</i> : 6.1	\$3,620.00	<input checked="" type="checkbox"/> \$3,620.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
Miscellaneous electronics Line from <i>Schedule A/B</i> : 7.1	\$425.00	<input checked="" type="checkbox"/> \$425.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
Ruger LCP .380 pistol (\$125), Ruger American .30-06 hunting rifle (\$275), 1960 Marlin 60 .22 LR semi-automatic rifle (\$150), and a Remington 12 gauge semi-automatic shotgun (\$100) Line from <i>Schedule A/B</i> : 10.1	\$650.00	<input checked="" type="checkbox"/> \$550.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(15)

Debtor 1 **Joseph A. Lawrence**
Debtor 2 **Mary Rae Lawrence**

Case number (if known)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Ruger LCP .380 pistol (\$125), Ruger American .30-06 hunting rifle (\$275), 1960 Marlin 60 .22 LR semi-automatic rifle (\$150), and a Remington 12 gauge semi-automatic shotgun (\$100) <small>Line from Schedule A/B: 10.1</small>	\$650.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) unused portion of Debtor 1's (A)(3)
Clothing. <small>Line from Schedule A/B: 11.1</small>	\$300.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
His wedding band \$100 <small>Line from Schedule A/B: 12.1</small>	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(4) Debtor 1's (A)(4)
Her wedding band \$200, diamond engagement ring \$300, open heart necklace \$75, mother's ring \$450, and miscellaneous costume jewelry \$50 <small>Line from Schedule A/B: 12.2</small>	\$1,075.00	<input checked="" type="checkbox"/> \$1,075.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(4) Debtor 2's (A)(4)
Checking: SC Federal Credit Union (7571) Checking <small>Line from Schedule A/B: 17.1</small>	\$51.43	<input checked="" type="checkbox"/> \$51.43 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(5)
Savings: SC Federal Credit Union (7500) Savings <small>Line from Schedule A/B: 17.2</small>	\$5.00	<input checked="" type="checkbox"/> \$5.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(5)
Checking: SC Federal Credit Union (1271) business checking - Lawrence Painting <small>Line from Schedule A/B: 17.3</small>	\$288.85	<input checked="" type="checkbox"/> \$288.85 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(5)
Savings: SC Federal Credit Union (1200) business savings - Lawrence Painting <small>Line from Schedule A/B: 17.4</small>	\$5.51	<input checked="" type="checkbox"/> \$5.51 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(5)
Savings: Heritage Trust Federal Credit Union (0001) Savings <small>Line from Schedule A/B: 17.5</small>	\$33.35	<input checked="" type="checkbox"/> \$33.35 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(5) Debtor 1's (A)(5)
Pressure washer (\$200), Graco spray gun (\$600), different Graco spray gun (\$1,000), 40' extension ladder (\$200), 32' extension ladder (\$175), 24' extension ladder (\$125), two 6' stepladders (\$80 total), 8' stepladder (\$80), 10' stepladder (\$90), and 16' ex <small>Line from Schedule A/B: 40.1</small>	\$2,640.00	<input checked="" type="checkbox"/> \$1,825.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(6)

Debtor 1 **Joseph A. Lawrence**
Debtor 2 **Mary Rae Lawrence**

Case number (if known) _____

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
Copy the value from <i>Schedule A/B</i> . Check only one box for each exemption.			
Pressure washer (\$200), Graco spray gun (\$600), different Graco spray gun (\$1,000), 40' extension ladder (\$200), 32' extension ladder (\$175), 24' extension ladder (\$125), two 6' stepladders (\$80 total), 8' stepladder (\$80), 10' stepladder (\$90), and 16' ex Line from <i>Schedule A/B</i> : 40.1	\$2,640.00	<input checked="" type="checkbox"/> \$815.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) unused portion of Debtor 1's (A)(2)

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

 No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

- No
 Yes

Fill in this information to identify your case:

Debtor 1	Joseph A. Lawrence		
	First Name	Middle Name	Last Name
Debtor 2	Mary Rae Lawrence		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)			

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1	Creditor's Name	Describe the property that secures the claim:	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
2.1	Bluegreen Servicing LLC	Horizons at 77th Timeshare 215 77th Avenue North Myrtle Beach, SC 29572 Horry County Bluegreen Vacation timeshare, Vacation Units 101-H/8E, 301-H/52E, and 301-I/46E	\$7,155.00	Unknown	Unknown
	Attn: Bankruptcy 4960 Conference Way North, Suite 100 Boca Raton, FL 33431 Number, Street, City, State & Zip Code	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) Mortgage			

Who owes the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred **06/2015**

Last 4 digits of account number **4071**

Debtor 1	Joseph A. Lawrence	First Name _____	Middle Name _____	Last Name _____	Case number (if known) _____		
Debtor 2	Mary Rae Lawrence	First Name _____	Middle Name _____	Last Name _____			
2.2	Heritage Trust Federal Credit Union	Describe the property that secures the claim: 2015 Chevrolet Captiva 94,000 miles			\$10,505.29	\$13,000.00	\$0.00
Creditor's Name			As of the date you file, the claim is: Check all that apply.				
			<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	<input type="checkbox"/> Disputed		
			<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)	<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)	<input type="checkbox"/> Judgment lien from a lawsuit		
			<input type="checkbox"/> Other (including a right to offset)	Security Interest			
Who owes the debt? Check one.							
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Check if this claim relates to a community debt			
Date debt was incurred	09/2015		Last 4 digits of account number	0040			
2.3	Moncks Corner Finance	Describe the property that secures the claim: Miscellaneous household goods			\$960.00	\$200.00	\$760.00
Creditor's Name			As of the date you file, the claim is: Check all that apply.				
			<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	<input type="checkbox"/> Disputed		
			<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)	<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)	<input type="checkbox"/> Judgment lien from a lawsuit		
			<input type="checkbox"/> Other (including a right to offset)	Non-purchase Money Security Interest			
Who owes the debt? Check one.							
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Check if this claim relates to a community debt			
Date debt was incurred	12/2015		Last 4 digits of account number	8155			
2.4	Moncks Corner Finance	Describe the property that secures the claim: Miscellaneous household goods			\$915.00	\$200.00	\$715.00
Creditor's Name			As of the date you file, the claim is: Check all that apply.				
			<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	<input type="checkbox"/> Disputed		
			<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)	<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)	<input type="checkbox"/> Judgment lien from a lawsuit		
			<input type="checkbox"/> Other (including a right to offset)	Non-purchase Money Security Interest			
Who owes the debt? Check one.							
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Debtor 2 only	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Check if this claim relates to a community debt			
Date debt was incurred	09/2015		Last 4 digits of account number	4658			

Debtor 1	Joseph A. Lawrence	First Name _____	Middle Name _____	Last Name _____	Case number (if known) _____		
Debtor 2	Mary Rae Lawrence	First Name _____	Middle Name _____	Last Name _____			
2.5	Regional Finance Corporation of SC Creditor's Name	Describe the property that secures the claim: Miscellaneous household goods			\$1,249.76	\$250.00	\$999.76

**104 BiLo Way, Suite A-2
Moncks Corner, SC
29461**
Number, Street, City, State & Zip Code

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset)

Non-purchase Money Security Interest

Date debt was incurred **12/2015**

Last 4 digits of account number **7901**

2.6	Vanderbilt Mortgage Creditor's Name	Describe the property that secures the claim:	\$28,700.67	\$20,000.00	\$8,700.67
-----	---	---	--------------------	--------------------	-------------------

**Attn: Bankruptcy
P.O. Box 9800
Maryville, TN 37802**
Number, Street, City, State & Zip Code

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.
**Berkeley County
2004 50 x 26 Clayton Freedom II
doublewide mobile home situated at
240 Lawrence Road, Moncks
Corner, SC 29461. Debtor 1's father
owns the land where the mobile
home is situated. Debtors pay the
annual real estate taxes for**

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset)

Security Interest

Date debt was incurred **3/04/05**

Last 4 digits of account number **1762**

Add the dollar value of your entries in Column A on this page. Write that number here:

\$49,485.72

If this is the last page of your form, add the dollar value totals from all pages.

\$49,485.72

Write that number here:

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.



Name, Number, Street, City, State & Zip Code
**Horizons Acquisition Partners, LLC
4605 B Oleander Drive
Myrtle Beach, SC 29577**

On which line in Part 1 did you enter the creditor? **2.1**

Last 4 digits of account number _____

Debtor 1	Joseph A. Lawrence	Case number (if known)	
	First Name _____	Middle Name _____	Last Name _____
Debtor 2	Mary Rae Lawrence		
	First Name _____	Middle Name _____	Last Name _____
<input type="checkbox"/> Name, Number, Street, City, State & Zip Code Vanderbilt Mortgage 500 Alcoa Trail Maryville, TN 37804			
On which line in Part 1 did you enter the creditor? <u>2.6</u>			
Last 4 digits of account number ____			

Fill in this information to identify your case:

Debtor 1	Joseph A. Lawrence		
	First Name	Middle Name	Last Name
Debtor 2	Mary Rae Lawrence		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)			

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1	\$2,447.36	\$2,447.36	\$0.00
Internal Revenue Service	Last 4 digits of account number		
P.O. Box 7346	When was the debt incurred?	2016-2017	
Philadelphia, PA 19101-7346	As of the date you file, the claim is: Check all that apply		
Number Street City State Zip Code	<input type="checkbox"/> Contingent		
Who incurred the debt? Check one.	<input type="checkbox"/> Unliquidated		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 2 only	Type of PRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Domestic support obligations		
<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government		
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated		
Is the claim subject to offset?	<input type="checkbox"/> Other. Specify		
<input checked="" type="checkbox"/> No	2016 tax liability \$649.71; and 2017 tax liability		
<input type="checkbox"/> Yes	\$1,797.65		

Debtor 1 **Joseph A. Lawrence**
Debtor 2 **Mary Rae Lawrence**

Case number (if known)

2.2	South Carolina Priority Creditor's Name Department of Revenue 301 Gervais Street P.O. Box 125 Columbia, SC 29214 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
		When was the debt incurred?			
		As of the date you file, the claim is: Check all that apply			
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
		Type of PRIORITY unsecured claim:			
		<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
		For Notice			

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1		Total claim
	AMCOL Systems, Inc. Nonpriority Creditor's Name P.O. Box 21625 Columbia, SC 29221 Number Street City State Zip Code	Last 4 digits of account number 8473 \$92.00
		When was the debt incurred? 03/2016
		As of the date you file, the claim is: Check all that apply
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Type of NONPRIORITY unsecured claim:
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Representing: Doctors Care

Debtor 1 **Joseph A. Lawrence**
Debtor 2 **Mary Rae Lawrence**

Case number (if known) _____

4.2

**Anesthesia Associates of
Charleston**

Nonpriority Creditor's Name

**125 Doughty Street, Suite 420
Charleston, SC 29403**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number **8879****\$3,105.00**When was the debt incurred? **03/2016**

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical**

4.3

**Anesthesia Associates of
Charleston**

Nonpriority Creditor's Name

**125 Doughty Street, Suite 420
Charleston, SC 29403-5741**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number **8879****\$1,955.00**When was the debt incurred? **8/29/19**

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical**

4.4

Berkeley County EMS

Nonpriority Creditor's Name

**c/o Digitech Computer, Inc.
480 Bedford Road, Building 600
2nd Floor
Chappaqua, NY 10514**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number **4649****\$132.16**When was the debt incurred? **07/11/16**

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical**

Debtor 1 **Joseph A. Lawrence**
Debtor 2 **Mary Rae Lawrence**

Case number (if known) _____

4.5

Capital One

Nonpriority Creditor's Name

**Attn: Bankruptcy
P.O. Box 30285
Salt Lake City, UT 84130**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 5378\$716.00When was the debt incurred? 12/2009

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

4.6

Capital One Bank USA, N.A.

Nonpriority Creditor's Name

**Attn: Bankruptcy Department
P.O. Box 30285
Salt Lake City, UT 84130-0285**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 8674\$3,617.74When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

4.7

Capital One Bank USA, N.A.

Nonpriority Creditor's Name

**Attn: Bankruptcy Department
P.O. Box 30285
Salt Lake City, UT 84130-0285**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 2033\$564.92When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

Debtor 1 **Joseph A. Lawrence**
Debtor 2 **Mary Rae Lawrence**

Case number (if known) _____

4.8

CashNet USA

Nonpriority Creditor's Name

**175 West Jackson Boulevard
Suite 1000
Chicago, IL 60604**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number **2774****\$901.04**When was the debt incurred? **2017****As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Loan**

4.9

CashNet USA

Nonpriority Creditor's Name

**175 West Jackson Boulevard
Suite 1000
Chicago, IL 60604**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number **8355****\$645.87**When was the debt incurred? **2017****As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Loan**

4.1
0**Charleston Pathology, PA PCCL**

Nonpriority Creditor's Name

**8085 Rivers Avenue, Suite 100
Charleston, SC 29406**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number **3338****\$155.78**When was the debt incurred? **07/06/16****As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical**

Debtor 1 **Joseph A. Lawrence**
Debtor 2 **Mary Rae Lawrence**

Case number (if known) _____

4.1
1**DJO Global**

Nonpriority Creditor's Name

**651 Campus Drive, Suite 100
Saint Paul, MN 55112**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No Contingent
 Yes Unliquidated

Last 4 digits of account number

1820**\$50.69**

When was the debt incurred?

10/4/18

As of the date you file, the claim is: Check all that apply

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify **Medical**4.1
2**Equifax**

Nonpriority Creditor's Name

**P.O. Box 740241
Atlanta, GA 30374-0241**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No Contingent
 Yes Unliquidated

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify **For Notice**4.1
3**Experian**

Nonpriority Creditor's Name

**475 Anton Boulevard
Costa Mesa, CA 92626**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No Contingent
 Yes Unliquidated

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify **For Notice**

Debtor 1 **Joseph A. Lawrence**
Debtor 2 **Mary Rae Lawrence**

Case number (if known) _____

4.1
4

Financial Data Systems Nonpriority Creditor's Name 1638 Military Cutoff Road Wrightsville Beach, NC 28403 Number Street City State Zip Code	Last 4 digits of account number 7018	\$175.00
Who incurred the debt? Check one.	When was the debt incurred? 11/2017	
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
Representing: Palmetto Anesthesia of Charleston, LLC		
<input checked="" type="checkbox"/> Other. Specify Charleston, LLC		

4.1
5

Financial Data Systems Nonpriority Creditor's Name Attn: Bankruptcy P.O. Box 688 Wrightsville Beach, NC 28480 Number Street City State Zip Code	Last 4 digits of account number 6316	\$85.00
Who incurred the debt? Check one.	When was the debt incurred? 07/2013	
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
Representing: Charleston Pathology - Roper		
<input checked="" type="checkbox"/> Other. Specify Roper		

4.1
6

First Premier Bank Nonpriority Creditor's Name Attn: Bankruptcy P.O. Box 5524 Sioux Falls, SD 57117 Number Street City State Zip Code	Last 4 digits of account number 4911	\$519.00
Who incurred the debt? Check one.	When was the debt incurred? 06/2013	
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
Credit Card		
<input checked="" type="checkbox"/> Other. Specify Credit Card		

Debtor 1 **Joseph A. Lawrence**
Debtor 2 **Mary Rae Lawrence**

Case number (if known) _____

4.1 7	<p>First Premier Bank Nonpriority Creditor's Name Attn: Bankruptcy P.O. Box 5524 Sioux Falls, SD 57117 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 5059</p> <p>When was the debt incurred? 09/2010</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Credit Card</p>	\$415.00
4.1 8	<p>Great Plains Lending, LLC Nonpriority Creditor's Name Attn: Customer Support 1050 East 2nd Street Edmond, OK 73034 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 3376</p> <p>When was the debt incurred? 2017</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Loan</p>	\$2,065.78
4.1 9	<p>IC System, Inc. Nonpriority Creditor's Name 444 Highway 96 East Saint Paul, MN 55164 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 4002</p> <p>When was the debt incurred? 03/2013</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Representing: Roper Radiologists, PA</p>	\$4,435.00

Debtor 1 **Joseph A. Lawrence**
Debtor 2 **Mary Rae Lawrence**

Case number (if known) _____

4.2
0

IC System, Inc.	Last 4 digits of account number	9256	\$579.00
Nonpriority Creditor's Name 444 Highway 96 East Saint Paul, MN 55164	When was the debt incurred?	02/2017	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Representing: Roper Radiologists, PA <input type="checkbox"/> Yes		

4.2
1

IC System, Inc.	Last 4 digits of account number	1240	\$75.00
Nonpriority Creditor's Name 444 Highway 96 East Saint Paul, MN 55164	When was the debt incurred?	01/2017	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed		
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Other. Specify Representing: Roper Radiologists, PA		
Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

4.2
2

IC System, Inc.	Last 4 digits of account number	4569	\$1,800.00
Nonpriority Creditor's Name 444 Highway 96 East Saint Paul, MN 55164	When was the debt incurred?	2017	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed		
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Other. Specify Representing: Roper Radiologists, PA		
Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 **Joseph A. Lawrence**
Debtor 2 **Mary Rae Lawrence**

Case number (if known) _____

4.2 3	<p>Internal Revenue Service Nonpriority Creditor's Name P.O. Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Other. Specify \$750.80</p> <p>2011 tax liability \$344.87; 2012 tax liability \$5,316.06; 2013 tax liability \$5,611.39; 2014 tax liability \$182.46; and 2015 tax liability \$750.80</p>	\$12,205.58
4.2 4	<p>Kohls/Capital One Nonpriority Creditor's Name Kohls Credit P.O. Box 3120 Milwaukee, WI 53201 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Other. Specify Credit Card</p>	\$570.00
4.2 5	<p>Kohls/Capital One Nonpriority Creditor's Name Kohls Credit P.O. Box 3120 Milwaukee, WI 53201 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Other. Specify Credit Card</p>	\$476.00

Debtor 1 **Joseph A. Lawrence**
Debtor 2 **Mary Rae Lawrence**

Case number (if known) _____

4.2
6**Laboratory Corporation of America**

Nonpriority Creditor's Name

**P.O. Box 2240
Burlington, NC 27216**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No Contingent
 Yes Unliquidated

Last 4 digits of account number

0639**\$153.64**

When was the debt incurred?

08/14/17

As of the date you file, the claim is: Check all that apply

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify **Medical**4.2
7**Laboratory Corporation of America**

Nonpriority Creditor's Name

**P.O. Box 2240
Burlington, NC 27216**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No Contingent
 Yes Unliquidated

Last 4 digits of account number

4441**\$165.00**

When was the debt incurred?

05/01/17

As of the date you file, the claim is: Check all that apply

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify **Medical**4.2
8**Laboratory Corporation of America**

Nonpriority Creditor's Name

**P.O. Box 2240
Burlington, NC 27216**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No Contingent
 Yes Unliquidated

Last 4 digits of account number

2673**\$24.00**

When was the debt incurred?

01/21/19

As of the date you file, the claim is: Check all that apply

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify **Medical**

Debtor 1 **Joseph A. Lawrence**
Debtor 2 **Mary Rae Lawrence**

Case number (if known) _____

4.2 9	<p>LVNV Funding/Resurgent Capital Nonpriority Creditor's Name Attn: Bankruptcy P.O. Box 10497 Greenville, SC 29603</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 3422</p> <p>When was the debt incurred? 02/2017</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Representing: Credit One Bank N.A.</p>	\$1,435.00
4.3 0	<p>LVNV Funding/Resurgent Capital Nonpriority Creditor's Name Attn: Bankruptcy P.O. Box 10497 Greenville, SC 29603</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 7886</p> <p>When was the debt incurred? 02/2017</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Representing: Synchrony Bank/Walmart Credit Card</p>	\$305.00
4.3 1	<p>Midland Funding, LLC Nonpriority Creditor's Name 2365 Northside Drive Suite 300 San Diego, CA 92108</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 2138</p> <p>When was the debt incurred? Judgment entered 4/30/18</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Representing: Credit One Bank N.A. Judgment entered but Debtor 1 owns no real property for judgment lien to attach.</p>	\$946.65

Debtor 1 **Joseph A. Lawrence**
Debtor 2 **Mary Rae Lawrence**

Case number (if known) _____

4.3 2	<p>National Credit Adjusters, LLC Nonpriority Creditor's Name P.O. Box 3023 Hutchinson, KS 67504 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>	<p>Last 4 digits of account number 7152 \$5,861.00</p> <p>When was the debt incurred? 11/2016</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Other. Specify Representing: RISE Credit of South Carolina</p>
4.3 3	<p>National Credit Adjusters, LLC Nonpriority Creditor's Name P.O. Box 3023 Hutchinson, KS 67504 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>	<p>Last 4 digits of account number 2794 \$3,394.00</p> <p>When was the debt incurred? 11/2016</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Other. Specify Representing: RISE Credit of South Carolina</p>
4.3 4	<p>NCB Management Services Nonpriority Creditor's Name Attn: Bankruptcy One Allied Drive Trevose, PA 19053 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>	<p>Last 4 digits of account number 5605 \$3,916.00</p> <p>When was the debt incurred? 10/2016</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Other. Specify Representing: Republic Bank & Trust Company/Elastic</p>

Debtor 1 **Joseph A. Lawrence**
Debtor 2 **Mary Rae Lawrence**

Case number (if known) _____

4.3
5

NCB Management Services Nonpriority Creditor's Name Attn: Bankruptcy One Allied Drive Trevose, PA 19053	Last 4 digits of account number 5461	\$3,689.00
Number Street City State Zip Code	When was the debt incurred? 10/2016	
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Representing: Republic Bank & Trust Company/Elastic <input checked="" type="checkbox"/> Other. Specify Medical	

4.3
6

Palmetto Digestive Disease, P.A. Nonpriority Creditor's Name 2073 Charlie Hall Boulevard Charleston, SC 29414	Last 4 digits of account number 5650	\$532.50
Number Street City State Zip Code	When was the debt incurred? 2014	
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify Medical	

4.3
7

Palmetto Endoscopy Center, LLC Nonpriority Creditor's Name 2073 Charlie Hall Boulevard Charleston, SC 29414	Last 4 digits of account number 5650	\$105.00
Number Street City State Zip Code	When was the debt incurred? 2014	
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify Medical	

Debtor 1 **Joseph A. Lawrence**
Debtor 2 **Mary Rae Lawrence**

Case number (if known) _____

<p>4.3 8</p> <p>Portfolio Recovery Associates, LLC Nonpriority Creditor's Name P.O. Box 41021 Norfolk, VA 23541</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 8723 \$4,603.00</p> <p>When was the debt incurred? 05/2015</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Representing: CIT Online Bank. Judgment entered but Debtor 1 owns no real property for judgment lien to attach.</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>
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<p>4.3 9</p> <p>Portfolio Recovery Associates, LLC Nonpriority Creditor's Name P.O. Box 41021 Norfolk, VA 23541</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 1984 \$1,559.81</p> <p>When was the debt incurred? Judgment entered 6/26/19</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Representing: Capital One Bank USA, N.A. Judgment entered but Debtor 1 owns no real property for judgment lien to attach.</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>
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<p>4.4 0</p> <p>Portfolio Recovery Associates, LLC Nonpriority Creditor's Name P.O. Box 41021 Norfolk, VA 23541</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 5919 \$951.00</p> <p>When was the debt incurred? 10/2017</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Representing: Synchrony Bank/Walmart Credit Card</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>
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Debtor 1 **Joseph A. Lawrence**
Debtor 2 **Mary Rae Lawrence**

Case number (if known) _____

4.4 1	<p>Portfolio Recovery Associates, LLC Nonpriority Creditor's Name P.O. Box 41021 Norfolk, VA 23541</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 2181 \$964.31</p> <p>When was the debt incurred? Judgment entered 1/23/19</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Synchrony Bank/JC Penney Credit Card. Judgment entered but Debtor 2 owns no real property for judgment lien to attach.</p>
4.4 2	<p>Portfolio Recovery Associates, LLC Nonpriority Creditor's Name P.O. Box 41021 Norfolk, VA 23541</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Representing: Capital One Bank USA, N.A.</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 8085 \$668.00</p> <p>When was the debt incurred? 2017</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>
4.4 3	<p>Portfolio Recovery Associates, LLC Nonpriority Creditor's Name P.O. Box 41021 Norfolk, VA 23541</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Representing: Capital One Bank USA, N.A.</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 6700 \$649.00</p> <p>When was the debt incurred? 2017</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>

Debtor 1 **Joseph A. Lawrence**
Debtor 2 **Mary Rae Lawrence**

Case number (if known) _____

4.4 4	Republic Finance Nonpriority Creditor's Name 214 Saint James Avenue Suite 150 Goose Creek, SC 29445 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5952 When was the debt incurred? Judgment entered 12/16/16 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts Judgment entered but Debtor 2 owns no real property for judgment lien to attach. <input checked="" type="checkbox"/> Other. Specify ■ Other. Specify Representing: Coastal Cardiology, P.A.	\$3,758.06
4.4 5	RMC Nonpriority Creditor's Name Attn: Bankruptcy P.O. Box 50685 Columbia, SC 29250 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 8501 When was the debt incurred? 07/06/16 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Representing: Coastal Cardiology, P.A.	\$572.00
4.4 6	RMS Nonpriority Creditor's Name P.O. Box 361076 Columbus, OH 43236 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 985G When was the debt incurred? 2017 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Representing: Travelers Indemnity Company	\$1,289.00

Debtor 1 **Joseph A. Lawrence**
Debtor 2 **Mary Rae Lawrence**

Case number (if known) _____

4.4
7

Roper Hospital Nonpriority Creditor's Name P.O. Box 650292 Dallas, TX 75265-0292	Last 4 digits of account number 0885	\$80.60
Number Street City State Zip Code	When was the debt incurred? 10/11/17	
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Medical <input type="checkbox"/> Yes		

4.4
8

Roper Hospital Nonpriority Creditor's Name P.O. Box 650292 Dallas, TX 75265-0292	Last 4 digits of account number 0261	\$11,233.43
Number Street City State Zip Code	When was the debt incurred? 03/22/18	
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Medical - Surgery <input type="checkbox"/> Yes		

4.4
9

Roper Radiologists, PA Nonpriority Creditor's Name P.O. Box 2363 Indianapolis, IN 46206-2363	Last 4 digits of account number RPR1	\$504.00
Number Street City State Zip Code	When was the debt incurred? 03/01/16	
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Medical <input type="checkbox"/> Yes		

Debtor 1 **Joseph A. Lawrence**
Debtor 2 **Mary Rae Lawrence**

Case number (if known) _____

4.5
0

Roper Radiologists, PA Nonpriority Creditor's Name P.O. Box 2363 Indianapolis, IN 46206-2363 Number Street City State Zip Code	Last 4 digits of account number RPR1	\$1,230.00
Who incurred the debt? Check one.	When was the debt incurred? 02/2018	
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Medical <input type="checkbox"/> Yes		

4.5
1

Roper Radiologists, PA Nonpriority Creditor's Name P.O. Box 2363 Indianapolis, IN 46206-2363 Number Street City State Zip Code	Last 4 digits of account number RPR1	\$504.00
Who incurred the debt? Check one.	When was the debt incurred? 07/11/17	
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Medical <input type="checkbox"/> Yes		

4.5
2

Roper St. Francis Hospital Lab Nonpriority Creditor's Name 8085 Rivers Avenue #100 Charleston, SC 29406 Number Street City State Zip Code	Last 4 digits of account number 9874	\$72.80
Who incurred the debt? Check one.	When was the debt incurred? 01/10/18	
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Medical <input type="checkbox"/> Yes		

Debtor 1 **Joseph A. Lawrence**
Debtor 2 **Mary Rae Lawrence**

Case number (if known) _____

4.5
3

Roper St. Francis Physicians Nonpriority Creditor's Name P.O. Box 650292 Dallas, TX 75265	Last 4 digits of account number _____	\$1,000.00
Number Street City State Zip Code	When was the debt incurred? _____	08/2019
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify Medical	

4.5
4

Roper St. Francis Physicians Nonpriority Creditor's Name P.O. Box 650292 Dallas, TX 75265-0292	Last 4 digits of account number _____	\$146.90
Number Street City State Zip Code	When was the debt incurred? _____	05/2017
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify Medical	

4.5
5

Roper St. Francis Physicians Nonpriority Creditor's Name P.O. Box 650292 Dallas, TX 75265-0292	Last 4 digits of account number _____	\$461.50
Number Street City State Zip Code	When was the debt incurred? _____	06/03/18
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify Medical - Emergency Room	

Debtor 1 **Joseph A. Lawrence**
Debtor 2 **Mary Rae Lawrence**

Case number (if known) _____

4.5
6

Roper St. Francis Physicians Nonpriority Creditor's Name P.O. Box 650292 Dallas, TX 75265-0292	Last 4 digits of account number 0675	\$111.85
Number Street City State Zip Code	When was the debt incurred? 06/04/18	
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Medical <input type="checkbox"/> Yes		

4.5
7

Roper St. Francis Physicians Nonpriority Creditor's Name P.O. Box 650292 Dallas, TX 75265-0292	Last 4 digits of account number 2688	\$739.05
Number Street City State Zip Code	When was the debt incurred? 2016	
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Medical <input type="checkbox"/> Yes		

4.5
8

Roper St. Francis Physicians Nonpriority Creditor's Name P.O. Box 650292 Dallas, TX 75265-0292	Last 4 digits of account number 0675	\$101.40
Number Street City State Zip Code	When was the debt incurred? 1/18/19	
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Medical <input type="checkbox"/> Yes		

Debtor 1 **Joseph A. Lawrence**
Debtor 2 **Mary Rae Lawrence**

Case number (if known) _____

4.5 9	Roper St. Francis Physicians Lab Nonpriority Creditor's Name 8085 Rivers Avenue #100 Charleston, SC 29406	Last 4 digits of account number 3418	\$241.00
<p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical</p>			
4.6 0	Sequium Asset Solutions, LLC Nonpriority Creditor's Name 1130 Northchase Parkway, Suite 150 Marietta, GA 30067	Last 4 digits of account number 3266	\$96.79
<p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Representing: Direct TV</p>			
4.6 1	Solstas Lab Partners Nonpriority Creditor's Name P.O. Box 740777 Cincinnati, OH 45274	Last 4 digits of account number 7015	\$341.80
<p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical</p>			

Debtor 1 **Joseph A. Lawrence**
Debtor 2 **Mary Rae Lawrence**

Case number (if known) _____

4.6 2	<p>Synchrony Bank/Amazon Nonpriority Creditor's Name Attn: Bankruptcy Dept. P.O. Box 965060 Orlando, FL 32896</p> <p>Number Street City State Zip Code Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 8610 \$1,252.00</p> <p>When was the debt incurred? 12/2015</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Credit Card</p>
4.6 3	<p>Synchrony Bank/Care Credit Nonpriority Creditor's Name Attn: Bankruptcy Dept. P.O. Box 965061 Orlando, FL 32896</p> <p>Number Street City State Zip Code Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 3157 \$350.00</p> <p>When was the debt incurred? 04/2012</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Credit Card</p>
4.6 4	<p>Synchrony Bank/Walmart Nonpriority Creditor's Name Attn: Bankruptcy Dept. P.O. Box 965060 Orlando, FL 32896</p> <p>Number Street City State Zip Code Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 4254 \$2,148.00</p> <p>When was the debt incurred? 09/2006</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Credit Card</p>

Debtor 1 **Joseph A. Lawrence**
Debtor 2 **Mary Rae Lawrence**

Case number (if known) _____

4.6
5

TitleMax of South Carolina, Inc. Nonpriority Creditor's Name d/b/a TitleMax 114 Saint James Avenue Goose Creek, SC 29445 Number Street City State Zip Code	Last 4 digits of account number 2129	\$1,541.17
Who incurred the debt? Check one.	When was the debt incurred? 08/2014	
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Yes <input type="checkbox"/> Other. Specify Any possible deficiency from repossession of 2007 Suzuki XL vehicle		

4.6
6

TransUnion Nonpriority Creditor's Name 2 Baldwin Place P.O. Box 1000 Chester, PA 19022-2001 Number Street City State Zip Code	Last 4 digits of account number	\$0.00
Who incurred the debt? Check one.	When was the debt incurred?	
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Yes <input type="checkbox"/> Other. Specify For Notice		

4.6
7

Trident Medical Center Nonpriority Creditor's Name 9330 Medical Plaza Drive Charleston, SC 29406 Number Street City State Zip Code	Last 4 digits of account number	\$79.00
Who incurred the debt? Check one.	When was the debt incurred? 07/10/19	
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Yes <input type="checkbox"/> Other. Specify Medical		

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

Debtor 1 **Joseph A. Lawrence**
Debtor 2 **Mary Rae Lawrence**

Case number (if known) _____

have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

Alltran Financial, LP
P.O. Box 610
Sauk Rapids, MN 56379

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line **4.29** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

Alltran Financial, LP
P.O. Box 610
Sauk Rapids, MN 56379

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line **4.24** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

Alltran Financial, LP
P.O. Box 610
Sauk Rapids, MN 56379

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line **4.30** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

AMCOL Systems, Inc.
111 Lancewood Road
Columbia, SC 29210

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line **4.1** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

Berkeley County Court of Common Pleas
300-B California Avenue
P.O. Box 219
Moncks Corner, SC 29461

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line **4.39** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

Berkeley County Court of Common Pleas
300-B California Avenue
P.O. Box 219
Moncks Corner, SC 29461

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line **4.31** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

Berkeley County EMS - Digitech
P.O. Box 6122
Moncks Corner, SC 29461

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line **4.4** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

Berkeley County Small Claims North
223 North Live Oak Drive
Moncks Corner, SC 29461

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line **4.44** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

Berkeley County Small Claims South
303-B North Goose Creek Blvd.
Goose Creek, SC 29445

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line **4.38** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

Berkeley County Small Claims South
303-B North Goose Creek Boulevard
Goose Creek, SC 29445

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line **4.31** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 **Joseph A. Lawrence**
Debtor 2 **Mary Rae Lawrence**

Case number (if known) _____

**Berkeley County Small Claims
South
303-B North Goose Creek Blvd.
Goose Creek, SC 29445**Line **4.41** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
**Capital One
P.O. Box 30281
Salt Lake City, UT 84130**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.5** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
**Capital One
15000 Capital One Drive
Henrico, VA 23238-1119**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.6** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
**Capital One
15000 Capital One Drive
Henrico, VA 23238-1119**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.7** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
**Capital One Bank USA, N.A.
Attn: Bankruptcy Department
P.O. Box 30285
Salt Lake City, UT 84130-0285**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.39** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
**Capital One Bank USA, N.A.
Attn: Bankruptcy Department
P.O. Box 30285
Salt Lake City, UT 84130-0285**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.42** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
**Capital One Bank USA, N.A.
Attn: Bankruptcy Department
P.O. Box 30285
Salt Lake City, UT 84130-0285**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.43** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
**CIT Bank, N.A.
75 North Fair Oaks Avenue
Pasadena, CA 91103**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.38** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
**Clarkson and Hale, LLC
P.O. Box 287
Columbia, SC 29202**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.31** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
**Coastal Cardiology, P.A.
1033 St. Andrews Boulevard
Charleston, SC 29407**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.45** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
**Cooling & Winter, LLC
P.O. Box 100150
Marietta, GA 30061-9918**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.41** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Debtor 1 **Joseph A. Lawrence**
Debtor 2 **Mary Rae Lawrence**

Case number (if known) _____

Name and Address
Credit Control, LLC
5757 Phantom Drive, Suite 330
Hazelwood, MO 63042On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.29 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Credit Control, LLC
5757 Phantom Drive, Suite 330
Hazelwood, MO 63042On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.24 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Credit Control, LLC
5757 Phantom Drive, Suite 330
Hazelwood, MO 63042On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.25 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Credit Control, LLC
5757 Phantom Drive, Suite 330
Hazelwood, MO 63042On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.30 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Direct TV
P.O. Box 6550
Englewood, CO 80155On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.60 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
EGS Financial Care, Inc.
P.O. Box 1020
Dept. 806
Horsham, PA 19044On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.40 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Elastic/Republic Bank & Trust Company
4030 Smith Road
Cincinnati, OH 45209On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.34 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Elastic/Republic Bank & Trust Company
4030 Smith Road
Cincinnati, OH 45209On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.35 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
ERC
P.O. Box 57610
Jacksonville, FL 32241On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.64 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Financial Data Systems
P.O. Box 876
Greenville, NC 27835On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.15 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Financial Recovery Services, Inc.
P.O. Box 385908
Minneapolis, MN 55438-5908On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.29 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Debtor 1 **Joseph A. Lawrence**
Debtor 2 **Mary Rae Lawrence**

Case number (if known) _____

Name and Address
First Premier Bank
601 South Minnesota Avenue
Sioux Falls, SD 57104On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.16 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
First Premier Bank
601 South Minnesota Avenue
Sioux Falls, SD 57104On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.17 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
H&R Accounts, Inc.
5320 22nd Avenue
Moline, IL 61266-0672On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.59 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
H&R Accounts, Inc.
5320 22nd Avenue
Moline, IL 61266-0672On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.55 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
IC System, Inc.
P.O. Box 64378
Saint Paul, MN 55164On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.19 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
IC System, Inc.
P.O. Box 64378
Saint Paul, MN 55164On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.20 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
IC System, Inc.
P.O. Box 64378
Saint Paul, MN 55164On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.21 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
IC System, Inc.
P.O. Box 64378
Saint Paul, MN 55164On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.22 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Jefferson Capital Systems, LLC
16 McLeland Road
Saint Cloud, MN 56303On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.16 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Kohls/Capital One
N56 W 17000 Ridgewood Drive
Menomonee Falls, WI 53051On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.24 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Kohls/Capital One
N56 W 17000 Ridgewood Drive
Menomonee Falls, WI 53051On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.25 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Litholink Corporation
P.O. Box 8101On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.26 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Joseph A. Lawrence**
Debtor 2 **Mary Rae Lawrence**

Case number (if known) _____

Burlington, NC 27216-8101

Last 4 digits of account number

Name and Address
Litholink Corporation
P.O. Box 8101
Burlington, NC 27216-8101

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.27** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
LVNV Funding/Resurgent Capital
P.O. Box 1269
Greenville, SC 29602

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.29** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
LVNV Funding/Resurgent Capital
P.O. Box 1269
Greenville, SC 29602

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.30** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
National Credit Adjusters
P.O. Box 3023
Hutchinson, KS 67504-3023

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.18** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
National Credit Adjusters, LLC
327 West 4th Avenue
Hutchinson, KS 67501

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.32** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
National Credit Adjusters, LLC
327 West 4th Avenue
Hutchinson, KS 67501

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.33** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Nationwide Credit, Inc.
P.O. Box 14581
Des Moines, IA 50306-3581

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.40** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Palmetto Anesthesia of Charleston,
LLC
9263 Medical Plaza Drive, Suite E
Charleston, SC 29406

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Portfolio Recovery Associates, LLC
120 Corporate Boulevard
Norfolk, VA 23502

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.38** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Portfolio Recovery Associates, LLC
c/o Scott, Parnell & Associates, P.C.
P.O. Box 80416
Charleston, SC 29416

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.38** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Portfolio Recovery Associates, LLC
120 Corporate Boulevard
Norfolk, VA 23502

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.39** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Debtor 1 **Joseph A. Lawrence**
Debtor 2 **Mary Rae Lawrence**

Case number (if known) _____

Last 4 digits of account number

Name and Address

Portfolio Recovery Associates, LLC
120 Corporate Boulevard
Norfolk, VA 23502

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line **4.40** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Portfolio Recovery Associates, LLC
120 Corporate Boulevard
Norfolk, VA 23502

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line **4.41** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Portfolio Recovery Associates, LLC
120 Corporate Boulevard
Norfolk, VA 23502

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line **4.42** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Portfolio Recovery Associates, LLC
120 Corporate Boulevard
Norfolk, VA 23502

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line **4.43** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Quest Diagnostics
1203 Old Trolley Road
Suite D
Summerville, SC 29485

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line **4.61** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Receivables Performance Management, LLC
20816 44th Avenue West
Lynnwood, WA 98036

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line **4.24** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

RMC
1601 Shop Road, Suite D
Columbia, SC 29201

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line **4.45** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Roper Radiologists, PA
316 Calhoun Street
Charleston, SC 29401

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line **4.19** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Roper Radiologists, PA
316 Calhoun Street
Charleston, SC 29401

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line **4.20** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Roper Radiologists, PA
316 Calhoun Street
Charleston, SC 29401

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line **4.21** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Roper Radiologists, PA
316 Calhoun Street
Charleston, SC 29401

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line **4.22** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Debtor 1 **Joseph A. Lawrence**
Debtor 2 **Mary Rae Lawrence**

Case number (if known) _____

Name and Address
Scott & Associates, PC
P.O. Box 115220
Carrollton, TX 75011-5220

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.6 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Sessoms & Rogers, P.A.
Attn: Wesley D. Dail, Esq.
P.O. Box 110564
Durham, NC 27709

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.39 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Synchrony Bank/Amazon
P.O. Box 965015
Orlando, FL 32896

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.62 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Synchrony Bank/Care Credit
950 Forrer Boulevard
Kettering, OH 45420

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.63 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Synchrony Bank/Walmart
P.O. Box 965024
Orlando, FL 32896

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.64 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Travelers Indemnity Company
P.O. Box 5600
Hartford, CT 06102-5600

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.46 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
U.S. Attorney for South Carolina
1441 Main Street
Suite 500
Columbia, SC 29201

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.1 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
U.S. Attorney for South Carolina
1441 Main Street
Suite 500
Columbia, SC 29201

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.23 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
UCI Medical Affiliates
Doctors Care
P.O. Box 63418
Charlotte, NC 28263

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.1 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
United States of America
Office of the Attorney General
Tenth Street at Constitution Avenue
Washington, DC 20530

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.1 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
United States of America
Office of the Attorney General

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.23 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Joseph A. Lawrence**
Debtor 2 **Mary Rae Lawrence**

Case number (if known) _____

**Tenth Street at Constitution Avenue
Washington, DC 20530**

Last 4 digits of account number _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1

	Total Claim
6a. Domestic support obligations	6a. \$ 0.00
6b. Taxes and certain other debts you owe the government	6b. \$ 2,447.36
6c. Claims for death or personal injury while you were intoxicated	6c. \$ 0.00
6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ 0.00

6e. Total Priority. Add lines 6a through 6d.	2,447.36
--	-----------------

Total claims from Part 2

	Total Claim
6f. Student loans	6f. \$ 0.00
6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ 0.00
6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ 0.00
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ 93,112.82
6j. Total Nonpriority. Add lines 6f through 6i.	93,112.82

Fill in this information to identify your case:

Debtor 1	Joseph A. Lawrence		
	First Name	Middle Name	Last Name
Debtor 2	Mary Rae Lawrence		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)			

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Progressive Leasing LLC 256 W. Data Drive Draper, UT 84020	Lease for miscellaneous furniture items. Debtor 2 is current on lease payments.
2.2 Progressive Leasing LLC 256 W. Data Drive Draper, UT 84020	Lease for mattress. Debtor 1 is current on lease payments.

Fill in this information to identify your case:

Debtor 1	Joseph A. Lawrence		
	First Name	Middle Name	Last Name
Debtor 2	Mary Rae Lawrence		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)			

Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name _____
Number _____ Street _____ State _____ ZIP Code _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

3.2

Name _____
Number _____ Street _____ State _____ ZIP Code _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

Fill in this information to identify your case:

Debtor 1	<u>Joseph A. Lawrence</u>
Debtor 2 (Spouse, if filing)	<u>Mary Rae Lawrence</u>
United States Bankruptcy Court for the:	<u>DISTRICT OF SOUTH CAROLINA</u>
Case number (if known)	_____

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	<u>Self-Employed Painter</u>	<u>Associate</u>
Employer's name	_____	<u>Lighthouse Tax Service Center, LLC</u>
Employer's address	_____	<u>3786 Ladson Road, Suite 209 Ladson, SC 29456</u>

How long employed there? 7 years

7 months

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>0.00</u>	\$ <u>1,338.57</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>0.00</u>	\$ <u>1,338.57</u>

Debtor 1 **Joseph A. Lawrence**
 Debtor 2 **Mary Rae Lawrence**

Case number (if known) _____

Copy line 4 here	For Debtor 1	For Debtor 2 or non-filing spouse
	4. \$ 0.00	\$ 1,338.57
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ 154.48
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 0.00	\$ 0.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify: _____	5h.+ \$ 0.00	+ \$ 0.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 0.00	\$ 154.48
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$ 1,184.09
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 1,520.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: _____	8h.+ \$ 0.00	+ \$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 1,520.00	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 1,520.00	+ \$ 1,184.09 = \$ 2,704.09
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$ 2,704.09	
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: Debtor 2 switched employers in March 2019. Due to severe health complications and workload, she has been working an average of about 28.5 hours per week. She has recently had several absences from work due to having surgery.		

Joseph Lawrence d/b/a Lawrence Painting
Business Income and Expenses

Projected Gross Monthly Income: **\$4,620**

Projected Monthly Expenses:

Fuel/Vehicle Maintenance (work van): \$300

Auto Insurance (work van): \$100

Painting Supplies: \$1,000

Uniforms: \$20

Subcontractor Services: \$1,680

Total Projected Monthly Expenses: **(\$3,100)**

Projected Net Monthly Income: \$1,520

Fill in this information to identify your case:

Debtor 1	Joseph A. Lawrence
Debtor 2	Mary Rae Lawrence
(Spouse, if filing)	
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA
Case number (If known)	

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and
Debtor 2.

Yes. Fill out this information for
each dependent.....

Dependent's relationship to
Debtor 1 or Debtor 2

Dependent's
age

Does dependent
live with you?

Do not state the
dependents names.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes

3. Do your expenses include
expenses of people other than
yourself and your dependents? No
 Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **645.13**

Your expenses

If not included in line 4:

- 4a. Real estate taxes
4b. Property, homeowner's, or renter's insurance
4c. Home maintenance, repair, and upkeep expenses
4d. Homeowner's association or condominium dues
5. Additional mortgage payments for your residence, such as home equity loans

4a. \$	58.00
4b. \$	0.00
4c. \$	50.00
4d. \$	0.00
5. \$	0.00

Debtor 1 Joseph A. Lawrence
 Debtor 2 Mary Rae Lawrence

Case number (if known) _____

6. Utilities:	6a. Electricity, heat, natural gas	6a. \$ <u>230.00</u>
	6b. Water, sewer, garbage collection	6b. \$ <u>10.00</u>
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>225.00</u>
	6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. Food and housekeeping supplies	7. \$ <u>600.00</u>	
8. Childcare and children's education costs	8. \$ <u>0.00</u>	
9. Clothing, laundry, and dry cleaning	9. \$ <u>100.00</u>	
10. Personal care products and services	10. \$ <u>60.00</u>	
11. Medical and dental expenses	11. \$ <u>200.00</u>	
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>250.00</u>	
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>50.00</u>	
14. Charitable contributions and religious donations	14. \$ <u>0.00</u>	
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$ <u>0.00</u>	
15b. Health insurance	15b. \$ <u>0.00</u>	
15c. Vehicle insurance	15c. \$ <u>188.00</u>	
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>	
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <u>Vehicle Tax</u>	16. \$ <u>22.00</u>	
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$ <u>369.75</u>	
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>	
17c. Other. Specify: <u>IRS</u>	17c. \$ <u>100.00</u>	
17d. Other. Specify: <u>Progressive Leasing furniture payment</u>	17d. \$ <u>325.00</u>	
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ <u>0.00</u>	
19. Other payments you make to support others who do not live with you. Specify: _____	19. \$ <u>0.00</u>	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$ <u>0.00</u>	
20b. Real estate taxes	20b. \$ <u>0.00</u>	
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>	
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>	
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>	
21. Other: Specify: _____	21. +\$ <u>0.00</u>	
22. Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$ <u>3,482.88</u>	
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ <u>3,482.88</u>	
22c. Add line 22a and 22b. The result is your monthly expenses.		
23. Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$ <u>2,704.09</u>	
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>3,482.88</u>	
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$ <u>-778.79</u>	
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.	Explain here: Debtor 2 has severe medical conditions that have required several surgeries and further surgeries and treatments are expected. Debtors have no health insurance and medical expenses are expected to increase.	

Fill in this information to identify your case:

Debtor 1	Joseph A. Lawrence		
	First Name	Middle Name	Last Name
Debtor 2	Mary Rae Lawrence		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)			

Check if this is an amended filing

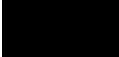
Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Joseph A. Lawrence

Joseph A. Lawrence

Signature of Debtor 1

Date September 17, 2019

X /s/ Mary Rae Lawrence

Mary Rae Lawrence

Signature of Debtor 2

Date September 17, 2019

Fill in this information to identify your case:

Debtor 1	Joseph A. Lawrence		
	First Name	Middle Name	Last Name
Debtor 2	Mary Rae Lawrence		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)			

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1
lived there

Debtor 2 Prior Address:

Dates Debtor 2
lived there

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- No
 Yes. Fill in the details.

	Debtor 1	Debtor 2		
From January 1 of current year until the date you filed for bankruptcy:	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$40,181.60	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$13,204.05

Debtor 1 **Joseph A. Lawrence**
Debtor 2 **Mary Rae Lawrence**

Case number (if known) _____

	Debtor 1	Debtor 2		
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2018)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$57,593.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$17,720.00
For the calendar year before that: (January 1 to December 31, 2017)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$61,236.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$14,527.00

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- No
- Yes. Fill in the details.

Debtor 1	Debtor 2		
Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

- No. Go to line 7.
- Yes. List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- No. Go to line 7.
- Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
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Debtor 1 Joseph A. Lawrence
Debtor 2 Mary Rae Lawrence

Case number (if known)

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

 No Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

 No Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

Part 4: Identify Legal Actions, Repossessions, and Foreclosures**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

 No Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
Portfolio Recovery Associates, LLC vs. Joseph A. Lawrence 2019-CV-08-10700770	Collection	Berkeley County Small Claims South 303-B North Goose Creek Blvd. Goose Creek, SC 29445	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Portfolio Recovery Associates, LLC vs. Joseph Lawrence 2019-CP-08-0847	Collection	Berkeley County Court of Common Pleas 300-B California Avenue P.O. Box 219 Moncks Corner, SC 29461	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Portfolio Recovery Associates, LLC Assignee of Synchrony Bank/JC Penney vs. Mary Lawrence 2019-CP-08-0735 and 2018-CV-08-10701684	Collection	Berkeley County Court of Common Pleas 300-B California Avenue P.O. Box 219 Moncks Corner, SC 29461	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Midland Funding, LLC v. Joseph Lawrence 2018-CP-08-1545 and 2018-CV-08-10700050	Collection	Berkeley County Court of Common Pleas 300-B California Avenue P.O. Box 219 Moncks Corner, SC 29461	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

Debtor 1 Joseph A. Lawrence
Debtor 2 Mary Rae Lawrence

Case number (if known) _____

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
Check all that apply and fill in the details below.

- No. Go to line 11.
 Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
Explain what happened			

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- No
 Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
Explain what happened			

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- No
 Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- No
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- No
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
Explain what happened			

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- No
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
Explain what happened			

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?
Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- No
 Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Explain what happened			

Debtor 1 Joseph A. Lawrence
Debtor 2 Mary Rae Lawrence

Case number (if known)

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Address Email or website address Person Who Made the Payment, if Not You DeMott Law Firm, P.A. 103 Grandview Drive Suite B Summerville, SC 29483 Debtor 2's employer, Paul D. Cummings	\$1,500 attorney fees, \$335 filing fee, and \$66 credit report fee	June 2018	\$1,901.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

- No
 Yes. Fill in the details.

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Address			

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- No
 Yes. Fill in the details.

Person Who Received Transfer	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Address			
Person's relationship to you Kristen Lawrence 1024 Comet Creek Lane Summerville, SC 29486 Debtors' daughter	2007 VW Beetle, valued at \$1,300. Vehicle has a few scratches and dents on the exterior, the driver's side window gets stuck when it is rolled down, and vehicle has over 95,000 miles on it.	No payments were received. Car was originally purchased for debtors' daughter when she was still a minor. Since she was a minor, the vehicle could not be titled in her name. When the daughter moved out of her parents' house, the vehicle was finally titled in her name, since she was of age.	12/1/18

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

- No
 Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made

Debtor 1 Joseph A. Lawrence
Debtor 2 Mary Rae Lawrence

Case number (*if known*)

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- No
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- No
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	--	-----------------------	-----------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- No
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	-----------------------

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- No
 Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
Charles Lawrence 236 Lawrence Road Moncks Corner, SC 29461	240 Lawrence Road Moncks Corner, SC 29461	Debtor 1's father owns a 2002 Ford Econoline E150 Cargo Van that Debtor 1 is borrowing. It stays parked at debtors' house. Debtor 1 uses the van for his painting business and pays for insurance, taxes, fuel, and maintenance.	\$2,950.00

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 6

Debtor 1 Joseph A. Lawrence
Debtor 2 Mary Rae LawrenceCase number (*if known*)

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

25. Have you notified any governmental unit of any release of hazardous material?

- No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No
 Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
 A member of a limited liability company (LLC) or limited liability partnership (LLP)
 A partner in a partnership
 An officer, director, or managing executive of a corporation
 An owner of at least 5% of the voting or equity securities of a corporation
 No. None of the above applies. Go to Part 12.

- Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
Joseph Lawrence d/b/a Lawrence Painting 240 Lawrence Road Moncks Corner, SC 29461	Residential painting Mary Lawrence, debtor's spouse	EIN: Debtor 1's SSN From-To 2012 to Present

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- No
 Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
---	-------------

Debtor 1 **Joseph A. Lawrence**
Debtor 2 **Mary Rae Lawrence**

Case number (*if known*) _____

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Joseph A. Lawrence

Joseph A. Lawrence
Signature of Debtor 1

Date September 17, 2019

/s/ Mary Rae Lawrence

Mary Rae Lawrence
Signature of Debtor 2

Date September 17, 2019

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- No
 Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	Joseph A. Lawrence		
	First Name	Middle Name	Last Name
Debtor 2	Mary Rae Lawrence		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)			

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
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Creditor's name:

Bluegreen Servicing LLC

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]:

Description of property securing debt: Horizons at 77th Timeshare 215
77th Avenue North Myrtle Beach, SC 29572 Horry County
Bluegreen Vacation timeshare, Vacation Units 101-H/8E,
301-H/52E, and 301-I/46E

Creditor's name:

Heritage Trust Federal Credit Union

Surrender the property.

No

Retain the property and redeem it.

Yes

Description of property securing debt: 2015 Chevrolet Captiva 94,000 miles

Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]:

Creditor's name:

Moncks Corner Finance

Surrender the property.

No

Debtor 1 **Joseph A. Lawrence**
 Debtor 2 **Mary Rae Lawrence**

Case number (*if known*) _____

name:

Retain the property and redeem it.

Yes

Description of property **Miscellaneous household goods**
 securing debt:

Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]:
avoid lien using 11 U.S.C. § 522(f)

Creditor's name: **Moncks Corner Finance**

name:

Surrender the property.

No

Description of property **Miscellaneous household goods**
 securing debt:

Retain the property and redeem it.
 Retain the property and enter into a *Reaffirmation Agreement*.

Yes

Retain the property and [explain]:
avoid lien using 11 U.S.C. § 522(f)

Creditor's name: **Regional Finance Corporation of SC**

name:

Surrender the property.

No

Retain the property and redeem it.

Yes

Description of property **Miscellaneous household goods**
 securing debt:

Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]:
avoid lien using 11 U.S.C. § 522(f)

Creditor's name: **Vanderbilt Mortgage**

name:

Surrender the property.

No

Retain the property and redeem it.

Yes

Description of property **Berkeley County
 2004 50 x 26 Clayton Freedom II
 doublewide mobile home
 situated at 240 Lawrence Road,
 Moncks Corner, SC 29461.
 Debtor 1's father owns the land
 where the mobile home is
 situated. Debtors pay the
 annual real estate taxes for**
 securing debt:

Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]:

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Lessor's name: **Progressive Leasing LLC**

No

Yes

Description of leased Property: **Lease for miscellaneous furniture items. Debtor 2 is current on lease payments.**

Lessor's name: **Progressive Leasing LLC**

No

Yes

Debtor 1 **Joseph A. Lawrence**
Debtor 2 **Mary Rae Lawrence**

Case number (*if known*) _____

Description of leased **Lease for mattress. Debtor 1 is current on lease payments.**
Property:

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

/s/ Joseph A. Lawrence

Joseph A. Lawrence

Signature of Debtor 1

/s/ Mary Rae Lawrence

Mary Rae Lawrence

Signature of Debtor 2

Date

September 17, 2019

Date

September 17, 2019

Fill in this information to identify your case:

Debtor 1	Joseph A. Lawrence
Debtor 2	Mary Rae Lawrence
(Spouse, if filing)	
United States Bankruptcy Court for the:	District of South Carolina
Case number (if known)	

Check one box only as directed in this form and in Form 122A-1Supp:

- 1. There is no presumption of abuse
- 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- 3. The Means Test does not apply now because of qualified military service but it could apply later.

Check if this is an amended filing

Official Form 122A - 1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

Not married. Fill out Column A, lines 2-11.

Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

Married and your spouse is NOT filing with you. You and your spouse are:

Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.

Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
\$ 0.00	\$ 1,406.59
\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00

2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).

3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.

4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.

5. Net income from operating a business, profession, or farm

Debtor 1

Gross receipts (before all deductions)	\$ 4,622.16
Ordinary and necessary operating expenses	-\$ 3,105.17
Net monthly income from a business, profession, or farm	\$ 1,516.99

Copy here -> \$ **1,516.99**

\$ **0.00**

6. Net income from rental and other real property

Debtor 1

Gross receipts (before all deductions)	\$ 0.00
Ordinary and necessary operating expenses	-\$ 0.00
Net monthly income from rental or other real property	\$ 0.00

Copy here -> \$ **0.00**

\$ **0.00**

7. Interest, dividends, and royalties

\$ **0.00**

Debtor 1
Debtor 2

Joseph A. Lawrence
Mary Rae Lawrence

Case number (if known) _____

**Column A
Debtor 1**

\$ **0.00**

**Column B
Debtor 2 or
non-filing spouse**

\$ **0.00**

8. Unemployment compensation

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you \$ **0.00**
For your spouse \$ **0.00**

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.

10. Income from all other sources not listed above. Specify the source and amount.

Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

.....	\$ 0.00	\$ 0.00
.....	\$ 0.00	\$ 0.00
Total amounts from separate pages, if any.	+ \$ 0.00	\$ 0.00

11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ 1,516.99	+ \$ 1,406.59	= \$ 2,923.58
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Total current monthly income

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11 **Copy line 11 here=>**

\$ 2,923.58

Multiply by 12 (the number of months in a year)

12b. The result is your annual income for this part of the form

x 12
\$ 35,082.96

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.

SC

Fill in the number of people in your household.

2

Fill in the median family income for your state and size of household.

13. \$ 59,822.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

- 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse*.
Go to Part 3.
14b. Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2*.
Go to Part 3 and fill out Form 122A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Joseph A. Lawrence

Joseph A. Lawrence
Signature of Debtor 1

Date **September 17, 2019**

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

X /s/ Mary Rae Lawrence

Mary Rae Lawrence
Signature of Debtor 2

Date **September 17, 2019**

MM / DD / YYYY

Debtor 1 **Joseph A. Lawrence**
Debtor 2 **Mary Rae Lawrence**

Case number (if known) _____

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period **03/01/2019** to **08/31/2019**.

Line 5 - Income from operation of a business, profession, or farm

Source of Income: **Joseph Lawrence d/b/a Lawrence Painting**

Income/Expense/Net by Month:

	Date	Income	Expense	Net
6 Months Ago:	03/2019	\$4,337.05	\$2,205.55	\$2,131.50
5 Months Ago:	04/2019	\$4,796.13	\$3,855.02	\$941.11
4 Months Ago:	05/2019	\$4,722.86	\$4,388.89	\$333.97
3 Months Ago:	06/2019	\$5,166.84	\$3,566.49	\$1,600.35
2 Months Ago:	07/2019	\$4,075.00	\$2,890.22	\$1,184.78
Last Month:	08/2019	\$4,635.07	\$1,724.84	\$2,910.23
Average per month:		\$4,622.16	\$3,105.17	
Average Monthly NET Income:				\$1,516.99

Debtor 1 Joseph A. Lawrence
Debtor 2 Mary Rae Lawrence

Case number (if known) _____

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period **03/01/2019** to **08/31/2019**.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Cummings Tax Service LLC**

Income by Month:

6 Months Ago:	03/2019	\$408.25
5 Months Ago:	04/2019	\$0.00
4 Months Ago:	05/2019	\$0.00
3 Months Ago:	06/2019	\$0.00
2 Months Ago:	07/2019	\$0.00
Last Month:	08/2019	\$0.00
Average per month:		\$68.04

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Lighthouse Tax Service Center, LLC**

Income by Month:

6 Months Ago:	03/2019	\$936.00
5 Months Ago:	04/2019	\$2,222.70
4 Months Ago:	05/2019	\$1,929.00
3 Months Ago:	06/2019	\$819.60
2 Months Ago:	07/2019	\$954.00
Last Month:	08/2019	\$1,170.00
Average per month:		\$1,338.55

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,
and

Your debts are primarily consumer debts.
Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

\$245 filing fee

\$75 administrative fee

+ \$15 trustee surcharge

\$335 total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167	filing fee
+ \$550	administrative fee
\$1,717 total fee	

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

\$200	filing fee
+	<u>\$75 administrative fee</u>
	\$275 total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

\$235	filing fee
+	<u>\$75 administrative fee</u>
	\$310 total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_form_s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court
District of South Carolina

In re **Joseph A. Lawrence**
Mary Rae Lawrence

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	1,500.00
Prior to the filing of this statement I have received	\$	1,500.00
Balance Due	\$	0.00

2. \$ **335.00** of the filing fee has been paid.

3. The source of the compensation paid to me was:

Debtor Other (specify): **paid by Debtor 2's employer, Paul D. Cummings**

4. The source of compensation to be paid to me is:

Debtor Other (specify):

5. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

The services of Attorney included in the base fee are those normally contemplated for a Chapter 7 case, including: all services reasonably necessary to fully inform Client of Client's rights and responsibilities under the bankruptcy laws; preparation and electronic filing of petition, schedules, supplemental local forms, and mailing matrix; preparation for and attendance at Section 341 meeting.

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representing Client in any dischargeability proceeding, including student loan discharge proceedings; representing Client in any contested matter of any kind, including appeals; filing any amendments to the Schedules, unless the amendment arises out of a mistake by Attorney; representing Client in any other matters not specifically designated as a base fee service in the fee agreement; filing motions under section 522(f) to avoid judicial liens or security interests in household goods unless contemplated prior to filing. Additionally, the fee does not include attending continued 341s, which shall be billed at \$500 per attendance (unless requested by Attorney or caused by acts or omissions of Attorney.) Pursuant to South Carolina Local Bankruptcy Rule 9011-1(b), except for adversary proceedings and appeals, Attorney shall remain the responsible attorney of record for all purposes including the representation of Client at all hearings and in all matters that arise in conjunction with the case regardless of Client's ability to pay for those additional matters.

In re
Joseph A. Lawrence
Mary Rae Lawrence

Debtor(s)

Case No. _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)
(Continuation Sheet)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

September 17, 2019

Date

/s/ Russell A. DeMott

Russell A. DeMott

Signature of Attorney

DeMott Law Firm, P.A.

103 Grandview Drive

Suite B

Summerville, SC 29483

(843) 695-0830 Fax: (843) 408-4443

russ@demottlawfirm.com

Name of law firm

LOCAL OFFICIAL FORM 1007-1(b) TO SC LBR 1007-1

**United States Bankruptcy Court
District of South Carolina**

In re **Joseph A. Lawrence
Mary Rae Lawrence**

Debtor(s)

Case No.

Chapter

7

CERTIFICATION VERIFYING CREDITOR MATRIX

The above named debtor, or attorney for the debtor if applicable, hereby certifies pursuant to South Carolina Local Bankruptcy Rule 1007-1 that the master mailing list of creditors submitted either on computer diskette, electronically filed via CM/ECF, or conventionally filed in a typed hard copy scannable format which has been compared to, and contains identical information to, the debtor's schedules, statements and lists which are being filed at this time or as they currently exist in draft form.

Master mailing list of creditors submitted via:

- (a) computer diskette
- (b) scannable hard copy
(number of sheets submitted _____)
- (c) electronic version filed via CM/ECF

Date: **September 17, 2019**

/s/ Joseph A. Lawrence

Joseph A. Lawrence

Signature of Debtor

Date: **September 17, 2019**

/s/ Mary Rae Lawrence

Mary Rae Lawrence

Signature of Debtor

Date: **September 17, 2019**

/s/ Russell A. DeMott

Signature of Attorney

Russell A. DeMott

DeMott Law Firm, P.A.

103 Grandview Drive

Suite B

Summerville, SC 29483

(843) 695-0830 Fax: (843) 408-4443

Typed/Printed Name/Address/Telephone

DC I.D. 10020 SC

District Court I.D. Number

ALLTRAN FINANCIAL, LP
P.O. BOX 610
SAUK RAPIDS MN 56379

AMCOL SYSTEMS, INC.
P.O. BOX 21625
COLUMBIA SC 29221

AMCOL SYSTEMS, INC.
111 LANCEWOOD ROAD
COLUMBIA SC 29210

ANESTHESIA ASSOCIATES OF CHARLESTON
125 DOUGHTY STREET, SUITE 420
CHARLESTON SC 29403

ANESTHESIA ASSOCIATES OF CHARLESTON
125 DOUGHTY STREET, SUITE 420
CHARLESTON SC 29403-5741

BERKELEY COUNTY COURT OF COMMON PLEAS
300-B CALIFORNIA AVENUE
P.O. BOX 219
MONCKS CORNER SC 29461

BERKELEY COUNTY EMS
C/O DIGITECH COMPUTER, INC.
480 BEDFORD ROAD, BUILDING 600
2ND FLOOR
CHAPPAQUA NY 10514

BERKELEY COUNTY EMS - DIGITECH
P.O. BOX 6122
MONCKS CORNER SC 29461

BERKELEY COUNTY SMALL CLAIMS NORTH
223 NORTH LIVE OAK DRIVE
MONCKS CORNER SC 29461

BERKELEY COUNTY SMALL CLAIMS SOUTH
303-B NORTH GOOSE CREEK BLVD.
GOOSE CREEK SC 29445

BERKELEY COUNTY SMALL CLAIMS SOUTH
303-B NORTH GOOSE CREEK BOULEVARD
GOOSE CREEK SC 29445

BLUEGREEN SERVICING LLC
ATTN: BANKRUPTCY
4960 CONFERENCE WAY NORTH, SUITE 100
BOCA RATON FL 33431

CAPITAL ONE
ATTN: BANKRUPTCY
P.O. BOX 30285
SALT LAKE CITY UT 84130

CAPITAL ONE
P.O. BOX 30281
SALT LAKE CITY UT 84130

CAPITAL ONE
15000 CAPITAL ONE DRIVE
HENRICO VA 23238-1119

CAPITAL ONE BANK USA, N.A.
ATTN: BANKRUPTCY DEPARTMENT
P.O. BOX 30285
SALT LAKE CITY UT 84130-0285

CASHNET USA
175 WEST JACKSON BOULEVARD
SUITE 1000
CHICAGO IL 60604

CHARLESTON PATHOLOGY, PA PCCL
8085 RIVERS AVENUE, SUITE 100
CHARLESTON SC 29406

CIT BANK, N.A.
75 NORTH FAIR OAKS AVENUE
PASADENA CA 91103

CLARKSON AND HALE, LLC
P.O. BOX 287
COLUMBIA SC 29202

COASTAL CARDIOLOGY, P.A.
1033 ST. ANDREWS BOULEVARD
CHARLESTON SC 29407

COOLING & WINTER, LLC
P.O. BOX 100150
MARIETTA GA 30061-9918

CREDIT CONTROL, LLC
5757 PHANTOM DRIVE, SUITE 330
HAZELWOOD MO 63042

DIRECT TV
P.O. BOX 6550
ENGLEWOOD CO 80155

DJO GLOBAL
651 CAMPUS DRIVE, SUITE 100
SAINT PAUL MN 55112

EGS FINANCIAL CARE, INC.
P.O. BOX 1020
DEPT. 806
HORSHAM PA 19044

ELASTIC/REPUBLIC BANK & TRUST COMPANY
4030 SMITH ROAD
CINCINNATI OH 45209

EQUIFAX
P.O. BOX 740241
ATLANTA GA 30374-0241

ERC
P.O. BOX 57610
JACKSONVILLE FL 32241

EXPERIAN
475 ANTON BOULEVARD
COSTA MESA CA 92626

FINANCIAL DATA SYSTEMS
1638 MILITARY CUTOFF ROAD
WRIGHTSVILLE BEACH NC 28403

FINANCIAL DATA SYSTEMS
ATTN: BANKRUPTCY
P.O. BOX 688
WRIGHTSVILLE BEACH NC 28480

FINANCIAL DATA SYSTEMS
P.O. BOX 876
GREENVILLE NC 27835

FINANCIAL RECOVERY SERVICES, INC.
P.O. BOX 385908
MINNEAPOLIS MN 55438-5908

FIRST PREMIER BANK
ATTN: BANKRUPTCY
P.O. BOX 5524
SIOUX FALLS SD 57117

FIRST PREMIER BANK
601 SOUTH MINNESOTA AVENUE
SIOUX FALLS SD 57104

GREAT PLAINS LENDING, LLC
ATTN: CUSTOMER SUPPORT
1050 EAST 2ND STREET
EDMOND OK 73034

H&R ACCOUNTS, INC.
5320 22ND AVENUE
MOLINE IL 61266-0672

HERITAGE TRUST FEDERAL CREDIT UNION
210 MARYMEADE DRIVE
SUMMERTVILLE SC 29483

HORIZONS ACQUISITION PARTNERS, LLC
4605 B OLEANDER DRIVE
MYRTLE BEACH SC 29577

IC SYSTEM, INC.
444 HIGHWAY 96 EAST
SAINT PAUL MN 55164

IC SYSTEM, INC.
P.O. BOX 64378
SAINT PAUL MN 55164

INTERNAL REVENUE SERVICE
P.O. BOX 7346
PHILADELPHIA PA 19101-7346

JEFFERSON CAPITAL SYSTEMS, LLC
16 MCLELAND ROAD
SAINT CLOUD MN 56303

KOHL'S/CAPITAL ONE
KOHL'S CREDIT
P.O. BOX 3120
MILWAUKEE WI 53201

KOHL'S/CAPITAL ONE
N56 W 17000 RIDGEWOOD DRIVE
MENOMONEE FALLS WI 53051

LABORATORY CORPORATION OF AMERICA
P.O. BOX 2240
BURLINGTON NC 27216

LITHOLINK CORPORATION
P.O. BOX 8101
BURLINGTON NC 27216-8101

LVNV FUNDING/RESURGENT CAPITAL
ATTN: BANKRUPTCY
P.O. BOX 10497
GREENVILLE SC 29603

LVNV FUNDING/RESURGENT CAPITAL
P.O. BOX 1269
GREENVILLE SC 29602

MIDLAND FUNDING, LLC
2365 NORTHSIDE DRIVE
SUITE 300
SAN DIEGO CA 92108

MONCKS CORNER FINANCE
390 NORTH HIGHWAY 52
MONCKS CORNER SC 29461

NATIONAL CREDIT ADJUSTERS
P.O. BOX 3023
HUTCHINSON KS 67504-3023

NATIONAL CREDIT ADJUSTERS, LLC
P.O. BOX 3023
HUTCHINSON KS 67504

NATIONAL CREDIT ADJUSTERS, LLC
327 WEST 4TH AVENUE
HUTCHINSON KS 67501

NATIONWIDE CREDIT, INC.
P.O. BOX 14581
DES MOINES IA 50306-3581

NCB MANAGEMENT SERVICES
ATTN: BANKRUPTCY
ONE ALLIED DRIVE
TREVOSE PA 19053

PALMETTO ANESTHESIA OF CHARLESTON, LLC
9263 MEDICAL PLAZA DRIVE, SUITE E
CHARLESTON SC 29406

PALMETTO DIGESTIVE DISEASE, P.A.
2073 CHARLIE HALL BOULEVARD
CHARLESTON SC 29414

PALMETTO ENDOSCOPY CENTER, LLC
2073 CHARLIE HALL BOULEVARD
CHARLESTON SC 29414

PORTFOLIO RECOVERY ASSOCIATES, LLC
P.O. BOX 41021
NORFOLK VA 23541

PORTFOLIO RECOVERY ASSOCIATES, LLC
120 CORPORATE BOULEVARD
NORFOLK VA 23502

PORTFOLIO RECOVERY ASSOCIATES, LLC
C/O SCOTT, PARSELL & ASSOCIATES, P.C.
P.O. BOX 80416
CHARLESTON SC 29416

PROGRESSIVE LEASING LLC
256 W. DATA DRIVE
DRAPER UT 84020

QUEST DIAGNOSTICS
1203 OLD TROLLEY ROAD
SUITE D
SUMMERTOWN SC 29485

RECEIVABLES PERFORMANCE MANAGEMENT, LLC
20816 44TH AVENUE WEST
LYNNWOOD WA 98036

REGIONAL FINANCE CORPORATION OF SC
104 BILO WAY, SUITE A-2
MONCKS CORNER SC 29461

REPUBLIC FINANCE
214 SAINT JAMES AVENUE
SUITE 150
GOOSE CREEK SC 29445

RMC
ATTN: BANKRUPTCY
P.O. BOX 50685
COLUMBIA SC 29250

RMC
1601 SHOP ROAD, SUITE D
COLUMBIA SC 29201

RMS
P.O. BOX 361076
COLUMBUS OH 43236

ROPER HOSPITAL
P.O. BOX 650292
DALLAS TX 75265-0292

ROPER RADIOLOGISTS, PA
P.O. BOX 2363
INDIANAPOLIS IN 46206-2363

ROPER RADIOLOGISTS, PA
316 CALHOUN STREET
CHARLESTON SC 29401

ROPER ST. FRANCIS HOSPITAL LAB
8085 RIVERS AVENUE #100
CHARLESTON SC 29406

ROPER ST. FRANCIS PHYSICANS
P.O. BOX 650292
DALLAS TX 75265

ROPER ST. FRANCIS PHYSICIANS
P.O. BOX 650292
DALLAS TX 75265-0292

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8085 RIVERS AVENUE #100
CHARLESTON SC 29406

SCOTT & ASSOCIATES, PC
P.O. BOX 115220
CARROLLTON TX 75011-5220

SEQUIUM ASSET SOLUTIONS, LLC
1130 NORTHCHASE PARKWAY, SUITE 150
MARIETTA GA 30067

SESSOMS & ROGERS, P.A.
ATTN: WESLEY D. DAIL, ESQ.
P.O. BOX 110564
DURHAM NC 27709

SOLSTAS LAB PARTNERS
P.O. BOX 740777
CINCINNATI OH 45274

SOUTH CAROLINA
DEPARTMENT OF REVENUE
301 GERVAIS STREET
P.O. BOX 125
COLUMBIA SC 29214

SYNCHRONY BANK/AMAZON
ATTN: BANKRUPTCY DEPT.
P.O. BOX 965060
ORLANDO FL 32896

SYNCHRONY BANK/AMAZON
P.O. BOX 965015
ORLANDO FL 32896

SYNCHRONY BANK/CARE CREDIT
ATTN: BANKRUPTCY DEPT
P.O. BOX 965061
ORLANDO FL 32896

SYNCHRONY BANK/CARE CREDIT
950 FORRER BOULEVARD
KETTERING OH 45420

SYNCHRONY BANK/WALMART
ATTN: BANKRUPTCY DEPT.
P.O. BOX 965060
ORLANDO FL 32896

SYNCHRONY BANK/WALMART
P.O. BOX 965024
ORLANDO FL 32896

TITLEMAX OF SOUTH CAROLINA, INC.
D/B/A TITLEMAX
114 SAINT JAMES AVENUE
GOOSE CREEK SC 29445

TRANSUNION
2 BALDWIN PLACE
P.O. BOX 1000
CHESTER PA 19022-2001

TRAVELERS INDEMNITY COMPANY
P.O. BOX 5600
HARTFORD CT 06102-5600

TRIDENT MEDICAL CENTER
9330 MEDICAL PLAZA DRIVE
CHARLESTON SC 29406

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TENTH STREET AT CONSTITUTION AVENUE
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VANDERBILT MORTGAGE
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P.O. BOX 9800
MARYVILLE TN 37802

VANDERBILT MORTGAGE
500 ALCOA TRAIL
MARYVILLE TN 37804